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**State:** Arkansas **Filing Company:** Physicians Mutual Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.011 Plan N 2010  
**Product Name:** Med Sup  
**Project Name/Number:** E310/E310

## Filing at a Glance

Company: Physicians Mutual Insurance Company  
Product Name: Med Sup  
State: Arkansas  
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010  
Sub-TOI: MS08I.011 Plan N 2010  
Filing Type: Advertisement  
Date Submitted: 08/20/2012  
SERFF Tr Num: PHYS-128651011  
SERFF Status: Closed-Filed-Closed  
State Tr Num:  
State Status: Filed-Closed  
Co Tr Num: E310

Implementation  
Date Requested:  
Author(s): Sonya Dickey, Sara Magee-Garcia  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 08/21/2012  
Disposition Status: Filed-Closed  
Implementation Date:

State Filing Description:

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**Project Name/Number:** E310/E310

## General Information

Project Name: E310 Status of Filing in Domicile: Pending  
Project Number: E310 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 08/21/2012  
State Status Changed: 08/21/2012  
Deemer Date: Created By: Sonya Dickey  
Submitted By: Sonya Dickey Corresponding Filing Tracking Number:

Filing Description:  
RE: Medicare Supplement Insurance Advertisements  
Carriers: E310 & E311

Pursuant to State requirements, the above referenced material is intended for use in your State. This material will be used to create an interest in the following Medicare Supplement Policy:

Policy Medicare Plan Approval Date  
P029AR N 5-11-11

These envelopes were previously approved for our other Medicare Supplement plans on 2-4-2010 under Serff Tracking Number PHYS-126473438

These envelopes have the sticker included in brackets since the sticker is optional and it may or may not be used depending on the preference of the agent.

If you have any questions concerning the material, please contact me at 1-800-228-9100, option 1, option 6, extension 1663. You can also contact me via email at Sonya.Dickey@physiciansmutual.com. Your assistance is greatly appreciated

## Company and Contact

### Filing Contact Information

Sonya Dickey, sonya.dickey@physiciansmutual.com  
2600 Dodge Street 402-633-1663 [Phone]  
Omaha, NE 68131 402-633-1096 [FAX]

### Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00

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Retaliatory? No

Fee Explanation: \$50 per form 2 forms

Per Company: No

Company	Amount	Date Processed	Transaction #
Physicians Mutual Insurance Company	\$100.00	08/20/2012	61825111

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Physicians Mutual Insurance Company
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/21/2012	08/21/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Physicians Mutual Insurance Company
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<b>Project Name/Number:</b>	E310/E310		

## Disposition

Disposition Date: 08/21/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	E310	Filed-Closed	Yes
Form	E311	Filed-Closed	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Physicians Mutual Insurance Company
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<b>Product Name:</b>	Med Sup		
<b>Project Name/Number:</b>	E310/E310		

## Form Schedule

Lead Form Number: E310							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed-Closed 08/21/2012	E310	ADV	E310	Initial:		E310 A.pdf
2	Filed-Closed 08/21/2012	E311	ADV	E311	Initial:		E311 A.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

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